

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **African American Voter Registration, Education, and Participation Project**(b) Address (number and street) ☐ check if different than previously reported  
2092 W. Jefferson Blvd.(c) City, State and ZIP Code  
Los Angeles

CA 90018

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30002166**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2011

through

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2012**(b) Communication Title****6. The filer is a(n):** (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☒No ☐**8. Custodian of Records**

(a) Name

Ida E Yarbrough

(b) Address (number and street)

5471 S Hillcrest Dr

(c) City, State and ZIP Code

Los Angeles

CA 90043

(d) Name of Employer or Principal Place of Business

Ida E. Yarbrough

(e) Occupation

Certified Public Accountant

**9. Total Donations This Statement**

2022000.00

**10. Total Disbursements/Obligations This Statement**

44725.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Ida E Yarbrough

SIGNATURE

Ida E Yarbrough

[Electronically Filed]

DATE

11/01/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.